

**Table of Contents**

<b>Section</b>	<b>Page</b>
I. Policy	3
II. Authority	4
III. Supportive Data	5
IV. Signature Block with Effective Date	5
V. Definitions	5
VI. Protocol	12
VII. Procedures	24
A. Dissemination of Information	24
B. Civil Rights Compliance Assurances and Implementation	26
C. Maintaining Compliance by Service Providers	26
D. Auxiliary Aids and Limited English Proficiency Plan	30
E. Meetings/Conferences/Facilities Accessibility	34
F. Complaint Procedures	39
G. Retaliation Prohibited	44
H. Training and Evaluation	44
I. Evaluation	45
J. Reports and Record Keeping.	46
K. Record Keeping	46
VIII. Distribution List	46
IX. History Notes	47
X. Appendices	47

Appendix A – Civil Rights Compliance Checklist	48
Appendix B – Civil Rights Compliance Report	54
Appendix C – Checklist for Existing Facilities	56

**I. Policy**

- A.** Purpose. This procedure establishes the Department's Methods of Administration to ensure nondiscrimination and equal opportunity in service delivery in accordance with state and federal laws.
- B.** The policies and procedures prescribed in this policy apply to all Department sponsored programs and activities involved in providing equally effective and equally accessible quality services to Department of Health clients and potential clients.
- C.** Department of Health programs and contracted service providers providing aids, benefits or services to Department of Health clients or potential clients may not on the basis of age, color, disability, national origin, race, religion or sex (except as provided by federal law):
1. Deny any individual the opportunity to participate in or receive the aid, benefit or service provided.
  2. Provide any individual any service, financial aid or other benefit that is different or is provided in a different manner from that provided to others.
  3. Afford or provide an individual an opportunity to participate in or receive aid, benefit or service that is not equal to that afforded or provided to others.
  4. Subject an individual to segregated, different, or separate treatment in any manner related to receipt of aid, benefit or service unless such action is necessary to provide qualified persons with disabilities with aid, benefits, or services that are as effective as those provided to others.
  5. Treat an individual differently from others in determining admission, enrollment, quota, eligibility, membership or other requirement or condition, which must be met in order to receive any aid, benefit, or service provided. (The exclusion of persons from the benefits of a program limited by federal statute or executive order to a specific class of persons is not prohibited.)
  6. Deny any individual the opportunity to participate as a member of planning or advisory board.
  7. No person shall on the basis of age, color, disability, national origin, race, religion or sex be excluded from participation in, be denied benefits of, or be subjected to unlawful discrimination under any program or activity receiving or benefiting from federal financial assistance and administered by the Department.

8. No person shall be retaliated against, harassed, intimidated, threatened, coerced or discriminated against for making a charge, testifying, assisting or participating in any manner in an investigation, proceeding or hearing, or for opposing alleged unlawful discriminatory practices prohibited by this policy or related to state and federal laws, rules and regulations.

## II. Authority

### A. *Code of Federal Regulations, in order by chapter and Federal Statutes*

1. 7 *CFR*, Part 15, requires nondiscrimination on the basis of age, color, disability, national origin, race, religion or sex in programs and activities funded by the United States Department of Agriculture.
2. 28 *CFR*, Part 35, provides for nondiscrimination on the basis of disability in state and local government services and implements Title II of the Americans with Disabilities Act of 1990.
3. 29 *CFR*, Part 1630, equal employment opportunity for individuals with disabilities, prohibits discrimination against qualified individuals with disabilities in all aspects of employment and implements Title I of the Americans with Disabilities Act of 1990.
4. 41 *CFR*, Chapter 60, Office of Federal Contract Compliance Program, Equal Employment Opportunity, prohibits employment discrimination on the basis of race, color, religion, sex, national origin, disability and Vietnam era veterans status; and requires the development of an affirmative action plan to promote affirmative action in the employment and advancement of qualified women, Vietnam era veterans, minorities and individuals with disabilities in covered government contracts and subcontracts. (Executive Orders 11246, 11375, 11701 and 11758).
5. 45 *CFR*, Part 80, requires nondiscrimination on the basis of race, color or national origin in federally assisted programs and activities. (Title VI of the Civil Rights Act of 1964, as amended, 42 *United States Code* 2000d et seq.).
6. 45 *CFR*, Part 84, requires nondiscrimination on the basis of disability in federally assisted programs and activities. (Section 504, Title V of the Rehabilitation Act of 1973, as amended, 29 USC 794).
7. 45 *CFR*, Part 86, requires nondiscrimination on the basis of sex under federally assisted education programs and activities. (Title IX of the Education Amendments of 1972, as amended, 20 USC 1681 et seq.).

8. 45 *CFR*, Part 91, requires nondiscrimination on the basis of age in federally assisted activities. (Age Discrimination Act of 1975, 42 USC 6101 et seq.).

**B. *Florida Statutes, in order by statute number***

1. Section 110.105, *Florida Statutes*, establishes the nondiscriminatory employment policy of the State of Florida.
2. Section 110.201(3), *Florida Statutes*, requires each state agency to comply with all federal regulations necessary to receive federal funds.

**C. *Florida Administrative Code***

1. *Florida Administrative Code*, Chapter 60L-21, provides for equal employment opportunity and affirmative action, requiring each state agency to develop and implement its affirmative action program, assuring equal employment opportunity.

**III. Supportive Data**

Department of Health, Equal Opportunity Methods of Administration in Service Delivery, DOHP 220-3-00, May 16, 2001

**IV. Signature Block with Effective Date**

\_\_\_\_\_  
Signature on File  
Kim E. Barnhill, MS, MPH  
Chief of Staff

\_\_\_\_\_  
2/25/2014  
Date

**V. Definitions**

- A. Architectural Accessibility:** A barrier-free environment in which the mobility of persons with disabilities is not inhibited by external forces such as architectural design.
- B. Accommodation to Persons with Disabilities:** Modification or adjustment to the job, work environment, or the way things are usually done that enables a qualified individual with a disability to enjoy equal employment opportunity or to benefit from programs and services afforded by the Department. It may mean changing a job slightly, doing it in a different order, modifying equipment, moving supplies nearer a work site, etc. Exception: If the accommodation clearly affects the safety and efficiency of the organization or substantially affects costs, the accommodation is not required.

- C. Adverse Impact:** Applying uniformly to all applicants or employees certain human resource or admission policies (e.g., word-of-mouth recruiting, diploma requirements, intelligence tests, minimum height requirements) that have the effect of denying benefits, services, employment or advancement to members of affected classes. Business necessity is the only justifiable reason for adverse impact.
- D. Affected Class (Protected):** Any group or member of that group protected by the nondiscrimination laws or the affirmative action obligations of federal contractors. The federal nondiscrimination laws protect individuals from discrimination because of age, color, disability, national origin, race, religion and sex.
- E. Applicant for Services:** A person seeking services from the Department but not yet determined eligible for a program service.
- F. Artificial (Arbitrary or Unnecessary) Barriers to Employment:** These are non-job-related requirements for employment that prevent minorities, women and individuals with disabilities from being hired or promoted. Such barriers may be found in recruitment, selection, placement, testing, transfers, promotion, seniority, lines of progression or other terms and conditions of employment. Typical artificial barriers to employment that have been found illegal are height requirements, requirements for high school diplomas which have no real relation to the skills required by any job, language requirements for jobs which require limited verbal communication
- G. Assistive Listening Devices and Systems (ALDS):** Amplification systems to improve hearing to large areas and in interpersonal communication systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, thus overcoming the negative effects of noise, distance and echo. Four main types are available: hardwire, loop, infrared, and FM.
- H. Assistive Listening Devices and Systems (ALDS):** Amplification systems to improve hearing to large areas and in interpersonal communication systems. These systems deliver the desired signal directly to the ears or hearing aids of the listener, thus overcoming the negative effects of noise, distance and echo. Four main types are available: hardwire, loop, infrared, and FM
- I. Auxiliary Aids and Services:** The wide range of services (a.g., sign language interpreters, captioning, Braille, note-taking) and devices (e.g., assistive listening systems, page magnifiers, TDD's/TTY's, voice output computer hardware/software, communication, which applies to both aural and visual modes. This term does not apply to permanent physical renovations, alterations and construction, such as providing parking spaces, ramps, widening doors, etc. It is used in the context of effective communication and the needs of the person with a disability

**J. Captioning**

1. **Closed- captioning:** Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) in a way that is available only to individuals whose televisions are equipped with captioning decoders.
2. **Open-captioning:** Refers to converting the spoken word to text displayed in the visual media (videos, television, etc.) so that it is seen by everyone who watches (i.e., it cannot be turned off).
3. **Real Time:** The simultaneous conversion of spoken words to text, through computer-assisted transcription or court reporting, and displaying that text on a video screen. This communication service is beneficial to individuals with hearing impairments that do not use sign language or for whom assistive listening devices and systems are ineffective.

**K. Civil Rights Act of 1964:** A comprehensive law establishing federal guarantees of civil rights in the fields of voting, public accommodations, use of public facilities, public education, benefits under federally assisted programs, employment and other fields generally categorized as equal protection of the laws within the meaning of the Fourteenth Amendment to the United States Constitution. Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, prohibits discrimination in public employment on the basis of race, color, religion, sex or national origin. Title VI prohibits discrimination under any program or activity receiving federal financial assistance on the basis of race, color or national origin.

**L. Complainant or Charging Party:** A person who files a complaint of discrimination as provided in section VII of this procedure.

**M. Compliance Monitoring:** A method used to assess compliance with nondiscrimination laws as they apply to the Department of Health programs, activities, contract service providers, subcontractors, and/or community based providers.

**N. Compliance Review:** A method used to ensure Title VI compliance as it applies to the Department of Health and its contractors and their subcontractors. The compliance review may be large and complex addressing multiple issues (full scope review) or may address fewer issues (limited scope review).

**O. Department Programs and Activities:** The operating units of the Department include, but are not limited to, the program office, Children's Medical Services (CMS) units, labs, county health department units, as well as other service and treatment facilities.

- P. Disability:** A condition that substantially limits a major life activity, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, lifting, sleeping, and working.
- Q. Discrimination (Unlawful):** The failure to treat persons equally because of their race, sex, age, religion, national origin or disability.
- R. Disparate Treatment:** Enforcing rules, regulations or other policies or practices differently for different groups. This kind of uneven treatment is a violation of Titles VI and VII. Example: A supervisor who ignores applicant requirements for white males, allowing many to qualify, then applies the same requirements rigidly for blacks or women so that few blacks or women qualify. Uneven enforcement of work, attendance, punctuality, safety or other rules are also examples of disparate treatment, all of which violate Titles VI and VII.
- S. Equal Opportunity (EO) Contact:** Appointed by a county health department (CHD) or Children's Medical Services (CMS) unit, and responsible for assisting the EO coordinators or the Equal Opportunity section in the overall coordination of EO activities.
- T. EO Coordinators:** Appointed by division directors, county health department or consortium directors, and responsible for the overall coordination of EO activities.
- U. EO Liaisons:** Appointed by division directors and responsible within their division for overall coordination of EO activities.
- V. Employees:** All persons working for the Department.
- W. Federal Financial Assistance:** Includes
1. Grants and loans of federal funds.
  2. The grant or donation of federal property and interests in property.
  3. The detail of federal personnel.
  4. The sale and lease of, and the permission to use federal property or any interest in such property without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease to the recipient.
  5. Any federal agreement, arrangement, or other contract which has as one of its purposes the provision of assistance.

- X. Federal Government Contract:** Any agreement or modification thereof between any contracting agency (federal), and any person (contractor or subcontractor) for use of real or personal property including lease arrangements. The term "service" as used in this paragraph includes, but is not limited to, the following services: utility construction, research, transportation, insurance and fund depository, irrespective of whether the government is the purchaser or seller. The term "federal government contract" does not include agreements in which the parties stand in relationship of employer and employee, and federally assisted contracts. (Unless specified, Department of Health contracts and grants are considered federal financial assistance and not government contracts).
- Y. Florida Relay Service:** The Florida Relay Service (FRS), which was implemented in 1992, is a service offered to all persons in the state which enables a hearing person to communicate with a person who is hearing or speech impaired and must use a TDD/TTY, through a specially trained operator called a communications assistant.
- Z. Full Scope Review:** Multi-issue or multi-jurisdiction review of the policies, practices, and procedures of a service provider.
- AA. Hearing Impaired Person:** A deaf or hard of hearing person defined as follows:
- 1. Deaf Person:** An individual who has suffered a permanent hearing impairment and is not able to discriminate speech sounds in verbal communication, with or without amplification devices.
  - 2. Hard of Hearing Person:** An individual who has suffered a permanent hearing impairment which is severe enough to necessitate the use of amplification devices to discriminate speech sounds in verbal communication.
- BB. Health and Human Services (HHS) Office of Civil Rights:** The Office of Civil Rights of the Department of Health and Human Services, responsible for Department of Health compliance with Americans with Disabilities Act of 1990, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Omnibus Budget Reconciliation Act of 1981.
- CC. Health Information Privacy Accountability Act (HIPAA):** Federal law, which protects individual's medical records and other personal health information.
- DD. Individual with a Disability:** Any individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

1. **Physical or Mental Impairment:** Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems, i.e., neurological, musculoskeletal, special sense organs, respiratory (including speech) organs, cardiovascular, reproductive or digestive, genitourinary, hemic and lymphatic, skin and endocrine. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.
  2. **Major Life Activities:** Those functions, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
  3. **Record of Impairment:** A history of or being classified as having a mental or physical impairment that substantially limits one or more major life activities.
  4. **Regarded as Having an Impairment:** Having a physical or mental impairment that does not substantially limit major life activities, but such impairment is treated by a recipient as constituting such a limitation; having a physical or mental impairment that substantially limits major life activities only as a result of the attitudes of others toward such an impairment; or having none of these impairments, but being treated as having such an impairment.
- EE. Manager:** A departmental employee at the supervisory level or above who is responsible for supervising staff or a departmental function and for the physical space in which such staff or program operates.
- FF. Program:** Includes any program, project or activity for the provision of services, financial aid, or other benefits to, or for the provision of facilities for furnishing services, financial aid, or other benefits to individuals.
- GG. Program Accessibility:** An ADA standard, which means a public entity's programs, services, or activities, when viewed in their entirety, must be readily accessible to and usable by individuals with disabilities. The concept of program accessibility is intended to make the contents of the program, service, or activity equally available and accessible to persons with disabilities without excessive renovations of facilities. This allows and encourages the provision of alternative, but equally beneficial, means of providing the program service or activity. Programs, services, and activities include everything a department does.
- HH. Provider/Contractor:** Any individual, organization, institution, or agency from which the Department purchases or arranges for the provision of client services or benefits under departmental programs and activities.

- II. Public Entity:** Any public entity covered by Title II of the Americans with Disabilities Act is defined as:
1. Any state or local government.
  2. Any department, agency, special purpose district, or other instrumentality of a state or local government.
  3. Certain commuter authorities as well as AMTRAK.
- JJ. Qualified Interpreter:** The ADA defines qualified interpreter as a person who is able to interpret effectively, accurately, and impartially, both receptively (i.e., can understand what both persons in the conversation are signing and saying) and expressively (i.e., can then sign or say to the other person what is being said or signed), using any necessary specialized vocabulary. For example, in a legal setting, the interpreter would have to be familiar with legal terminology in order to be qualified in a medical or mental health setting. The interpreter would have to know medical and psychiatric or psychological terms used in that setting.
- KK. Race/Ethnic Categories:** For record keeping purposes of this plan, each applicant and employee is classified in only one of the following race/ethnic categories:
1. Black, not of Hispanic origin
  2. White, not of Hispanic origin
  3. Hispanic
  4. American Indian or Alaskan Native
  5. Asian or Pacific Islanders
- LL. Section 504:** Title V, Section 504 of the Rehabilitation Act of 1973, which establishes federal law requiring nondiscrimination on the basis of disability in federally assisted programs and activities.
- MM. Subcontractor:** Any individual, organization, or agency providing service to clients on behalf of the primary provider/contractor.
- NN. Title VI:** Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving federal financial assistance.
- OO. TDD/TTY:** Terms used to designate a text telephone, a typewriter-like device used to transmit conversations across telephone lines. In this document, this device will be referred to as a TDD/TTY.

**PP. Undue Burden:** This term, used in conjunction with programs and services (ADA Title II), means an unreasonably excessive financial cost or administrative inconvenience in making alterations to building or facilities in which programs, services or activities are conducted, in order to ensure equal benefit to persons with disabilities.

## **VI. Protocol**

### **A. Responsibilities**

Program access requirements of ADA Title II should enable individuals with disabilities to participate in and benefit from the programs, services, and activities of public entities in all but the most unusual cases. Determination of undue burden can be made only by the agency head or his/her designee, after considering all resources available for use in the funding and operation of the program.

#### **1. Responsibilities under Title VI**

- a. Title VI of the Civil Rights Act of 1964 as implemented by 45 CFR Part 80 prohibits discrimination on the basis of race, color or national origin in any program or activity receiving or benefiting from federal financial assistance. Specifically, Title VI states, "No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity receiving federal financial assistance from the Department of Health and Human Services."
- b. Within the Department of Health, the State Surgeon General, or his/her designee, is responsible for coordinating the Department's efforts to comply with Title VI. Such responsibility includes coordination of the development and uniform implementation of the federally required "Methods of Administration" to ensure the delivery of equally effective and equally accessible services in a nondiscriminatory manner. County health department administrators and other departmental entities have designated persons as Title VI coordinators to coordinate the agency's efforts to comply with Title VI.
- c. Contracted service providers with 15 or more employees are required to designate Title VI Coordinators to coordinate their efforts to comply with Title VI to provide reasonable assurances that all services are equally effective, equally accessible and provided in a nondiscriminatory manner.

2. The Department of Health has submitted written assurance to the United States Department of Health and Human Services that the Department of Health will comply with the federal regulation implementing Title VI. The Department of Health must secure written assurance from each of its providers, providing services to clients, that the provider will also comply with this federal regulation which specifies that the Department of Health and its providers may not directly or through contractual or other arrangements:
  - a. Deny an individual any service, financial aid, or other benefit provided based on race, color or national origin.
  - b. Provide any service, financial aid, or other benefit to an individual that is different, or is provided in a different manner, from that provided to others.
  - c. Subject an individual to segregation or separate treatment based on race, color, or national origin.
  - d. Restrict an individual, because of race, color or national origin, in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service, financial aid, or other benefit.
  - e. Treat an individual differently from others in determining whether he or she satisfies any admission, enrollment, quota, eligibility, membership or other requirement or condition because of race, color, or national origin.
  - f. Deny on the basis of race, color or national origin, an opportunity for an individual to participate in any program.
  - g. Deny an individual the opportunity to participate as a member of a planning or advisory board because of the individual's race, color, or national origin.
  - h. Utilize criteria or methods of administration which have the effect of subjecting individuals to discrimination because of their race, color or national origin, or have the effect of defeating or substantially impairing accomplishment of the objectives of the program.
  - i. Select a site or location of a facility with the effect of excluding individuals from, denying them benefits of, or subjecting them to discrimination under any program or activity on the basis of race, color or national origin.

- j. Note: An individual shall not be deemed to be subject to discrimination by reason of his exclusion from the benefits of a program limited by federal law to individuals of a particular race, color, or national origin.
  - k. Departmental entities or contracted service providers, providing services to clients, will submit compliance reports annually and as otherwise requested, to the designated Department of Health official to enable the Department to carry out its obligations under compliance reporting requirements. Even in the absence of prior discrimination, departmental entities or contracted service providers may take affirmative action to overcome the effects of conditions limiting participation by individuals of a particular race, color, or national origin.
3. Responsibilities under Section 504
- a. Section 504 of the Rehabilitation Act of 1973 is designed to eliminate discrimination on the basis of disability in any program or activity receiving federal financial assistance. 45CFR§84.4 (a) states in part: "No qualified individual with a disability shall, on the basis of disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance."
  - b. Within the Department of Health, the State Surgeon General or his/her designee is responsible for coordinating the Department's efforts to comply with Section 504. County health department directors and other departmental entities have designated persons as Section 504 Coordinators to coordinate agency efforts to comply with Section 504, including development and implementation of county specific auxiliary aids plans. This plan should be submitted to the Equal Opportunity Section by March 31 of each year.
  - c. Contracted service providers with 15 or more employees are required to designate Section 504 Coordinators to coordinate their efforts to comply with Section 504, including the development and implementation of an auxiliary aids plan.
  - d. As defined by the federal regulation implementing Section 504, "Individual with a disability" means any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. A "qualified individual with a disability" includes a person who meets the essential eligibility requirements

for receipt of activities or services. The Department of Health and its providers may not, directly or through contractual or other arrangements:

- (1) Deny a qualified individual with a disability any service, or the opportunity to participate in or benefit from any service, because of that person's disability.
- (2) Afford a qualified individual with a disability an opportunity not equal to that opportunity afforded others to receive or benefit from services.
- (3) Provide a qualified individual with a disability with services that are not equally effective to the services provided to others. (Note: to be equally effective, the services are not required to produce identical results or levels of achievement for persons with a disability, and persons without a disability, but must afford persons with a disability equal opportunity to obtain the same results, to gain the same benefit, or to reach the same level of achievement in the most integrated setting appropriate to each individual's needs).
- (4) Provide services that are separate or different from those services provided to others unless such action is necessary to provide qualified individuals with a disability or to any class of individuals with a disability with aid, benefits, or services that are as effective as those provided to others.
- (5) Aid or perpetuate discrimination against a qualified individual with a disability by providing significant assistance to an agency, organization, or person that discriminated based on handicap in providing any aid, benefit or service to beneficiaries of their programs.
- (6) Deny the opportunity to participate as a member of planning or advisory boards to individuals with disabilities.
- (7) Limit an individual with a disability in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving an aid, benefit, or service.
- (8) Deny an individual with the opportunity to participate in programs or activities that are not separate or different, even if a separate or different program or activity exists to accommodate individuals with disabilities.

- (9) Utilize criteria or methods of administration that subjects a person to discrimination on the basis of disability, defeats or substantially impairs accomplishment of the objectives of the program with respect to individuals with a disability, perpetuates the discrimination of another recipient if both recipients are subject to common administrative control or both are agencies of the same state.
- (10) Select sites or locations for facilities that have the effect of excluding persons with a disability from, denying them the benefits of, or subjecting them to discrimination under any program or activity on the basis of their disability or that defeats or substantially impairs the accomplishment of the objectives of the program or activity.
- (11) The exclusion of an individual from a program limited by federal law to persons with disabilities or the exclusion of a specific class of individuals with disabilities from a program limited by law to a different class of individuals with a disability is not prohibited.
- (12) The Department and its providers of client services must operate programs so that each program, when viewed in its entirety, is readily accessible to persons with disabilities. The Department and its providers may comply with this requirement through such means as redesigning equipment, reassigning aides to beneficiaries, delivering services at alternate accessible sites, or through home visit, altering existing facilities, constructing new facilities, making all programs and services accessible by telecommunication devices for the deaf, providing interpreters for the deaf, supplying Braille or taped materials for persons with impaired vision or other similar means.
- (13) The Department and its providers of client services are not required to make each existing facility or every part of a facility accessible to and usable by persons with a disability; nor are they required to make structural changes in existing facilities where other methods are effective in achieving compliance. However, in choosing among available methods, the Department and its providers must give priority to those methods that offer programs to persons with disabilities in the most integrated setting appropriate.

- (14) If a service provider with fewer than 15 employees, after consultation with a person with a disability seeking its services, determines that there is no method of complying with the program accessibility requirements other than making significant alteration in its existing facilities, the provider may refer the individual with a disability to another provider whose services are accessible.
  - (15) The Department and its client contracted service providers with 15 or more employees are required to provide appropriate auxiliary aids to qualified persons with impaired sensory, manual or speaking skills when such aids are necessary to afford those persons an equal opportunity to benefit from any service offered by the Department or its providers. Auxiliary aids may include Braille or taped material, interpreters for the deaf, and other aids for persons with impaired hearing, vision or mobility. Providers with fewer than 15 employees are required to provide auxiliary aids when the provision of such aids does not significantly impair the ability of the provider to provide its benefits or services.
  - (16) The Department and its providers of services to infants in programs or activities receiving federal financial assistance shall post an informational notice in locations where nurses and other medical professions providing health-care and related services to infants will see it. This notice must state that nourishment and medically beneficial treatment (as determined with respect for reasonable medical judgments) should not be withheld from disabled infants solely on the basis of their present or anticipated mental or physical impairments. (Refer to 45CFR §84.55 for the specific requirements for this notice).
  - (17) The Department and its health care providers are required to report to the state child protective services agency, in a timely manner, circumstances which they determine to constitute known or suspected instances of unlawful medical neglect of infants with disabilities.
4. Responsibilities under the Americans with Disabilities Act (ADA)
    - a. The Americans with Disabilities Act (ADA) provides protection in several areas for individuals with disabilities and prohibits discrimination on the basis of disability.

The State Surgeon General or his/her designee is responsible for coordinating the Department's efforts to comply with and carry out its responsibilities under the Americans with Disabilities Act.

b. The Americans with Disabilities Act requires that:

No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by the Department or its contracted service providers.

c. The Department or its contracted service providers in providing any aid, benefit, or service, may not on the basis of disability:

- (1) Deny a qualified individual with a disability the opportunity to participate in or benefit from the aid, benefit, or service.
- (2) Afford a qualified individual with a disability an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others.
- (3) Provide a qualified individual with a disability with an aid, benefit, or service that is not as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others.
- (4) Provide different or separate aids, benefits, or services to individuals with disabilities or to any class of individuals with disabilities than is provided to others unless such action is necessary to provide qualified individuals with disabilities with aids, benefits, or services that are as effective as those provided to others.
- (5) Aid or perpetuate discrimination against a qualified individual with a disability by providing significant assistance to an agency, organization, or person that discriminates on the basis of disability in providing any aid, benefit, or service.
- (6) Deny a qualified individual with a disability the opportunity to participate as a member of planning or advisory boards.
- (7) Otherwise limit a qualified individual with a disability in the enjoyment of any right, privilege, advantage, or opportunity enjoyed by others receiving the aid, benefit, or service.

- d. The Department and its service providers may not deny a qualified individual with a disability the opportunity to participate in services, programs, or activities that are not separate or different, despite the existence of permissibly separate or different programs or activities.
- e. The Department and its service providers may not, directly or through contractual or other arrangements, utilize criteria or methods of administration that:
  - (1) Have the effect of subjecting qualified individuals with disabilities to discrimination on the basis of disability.
  - (2) Have the purpose or effect of defeating or substantially impairing accomplishment of the objectives of the program by individuals with disabilities.
  - (3) Perpetuate the discrimination of another public entity if both entities are subject to common administrative control or are agencies of the same state.
- f. In the selection of a site or location of a facility, the Department and its contracted service providers may not make a selection that:
  - (1) Has the effect of excluding individuals with disabilities from, denying them the benefit of, or otherwise subjecting them to discrimination.
  - (2) Has the purpose or effect of defeating or substantially impairing the accomplishment of the objectives of the service, program, or activity.
- g. In the selection of procurement contractors, the Department may not use criteria that subjects qualified individuals with disabilities to discrimination based on disability.
- h. The Department will not administer a licensing or certification program in a manner that subjects qualified individuals with disabilities to discrimination on the basis of disability, nor establish requirements for the programs or activities of licensees or certified entities that subject qualified individuals with disabilities to discrimination on the basis of disability. The programs or activities of entities that are licensed or certified by the Department are not covered by this part.

- i. The Department will make reasonable modifications in policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless the modifications would fundamentally alter the nature of the service, program, or activity.
- j. The Department will not impose or apply eligibility criteria that screens out or tends to screen out an individual with a disability or any class of individuals with disabilities from fully and equally enjoying any service, program or activity unless such criteria is necessary for the provision of the service, program or activity offered.
- k. The Department is not prohibited from providing benefits, services, or advantages to individuals with disabilities, or to a particular class of individuals with disabilities beyond those required by the Americans with Disabilities Act.
- l. The Department shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.
- m. The Department shall not require an individual with a disability to accept an accommodation, aid, service, opportunity, or benefit provided under the Americans with Disabilities Act that the individual chooses not to accept.
- n. The Americans with Disabilities Act does not authorize the representative or guardian of an individual with a disability to decline food, water, medical treatment, or medical services for that individual.
- o. The Department and its contract service providers may not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the costs of measures, such as provision of auxiliary aids or program accessibility, that are required to provide that individual or group with the nondiscriminatory treatment required.
- p. The Department and its contract service providers shall not exclude or otherwise deny equal services, programs, or activities to an individual or entity because of the known disability of an individual with whom the individual or entity is known to have a relationship or association.
- q. The Department shall not deny health services, or services provided in connection with current illegal use of drugs, if the

individual is otherwise entitled to such services. However, a drug rehabilitation or treatment program may deny participation to individuals who engage in illegal use of drugs while they are in the program.

- r. The Department and its contract service providers shall not discriminate against any individual because that individual has opposed any act or practice made unlawful by the Americans with Disabilities Act (ADA), or who made a charge, testified, assisted, or participated in any manner in an investigation, proceeding or hearing under the ADA.
- s. The Department and its contract service providers shall not coerce, intimidate, threaten, or interfere with any individual in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other individual in the exercise or enjoyment of, any right granted or protected by the ADA.

5. Responsibilities under the Age Discrimination Act

- a. The Age Discrimination Act of 1975 prohibits discrimination on the basis of age in programs or activities receiving federal financial assistance. Each program and contracted service provider has primary responsibility to ensure that its programs and activities are in compliance with this act and to take steps to eliminate violations of this act.
- b. Within the Department of Health, the Surgeon General or his/her designee is responsible for coordinating the Department's efforts to comply with and carry out the Department's responsibilities under the Age Discrimination Act.
- c. The Age Discrimination Act requires that:
  - (1) No person in the United States shall, on the basis of age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity receiving federal financial assistance.
  - (2) The Department, its contracted service providers and their subcontractors may not, in any program or activity receiving federal financial assistance, use age distinctions or take any other actions that have the effect of:
    - (a) Excluding individuals from, denying them the benefits of, or subjecting them to discrimination

under a program or activity receiving federal financial assistance.

- (b) Denying or limiting individuals the opportunity to participate in any program or activity receiving federal financial assistance.
- (3) The Department and its contracted service providers may take action based on age if the action reasonably takes into account age as a factor necessary to the normal operation or the achievement of any statutory objective of a program or activity. This includes circumstances when:
- (a) Age is used as a measure or approximation of one or more other characteristics.
  - (b) The other characteristic(s) must be measured or approximated in order for the normal operation of the program or activity to continue, or to achieve any statutory objective of the program or activity
  - (c) The other characteristic(s) can be reasonably measured or approximated by the use of age.
  - (d) The other characteristic(s) are impractical to measure directly on an individual basis.
- (4) The Department and its contracted service providers are permitted to take action otherwise prohibited, if that action is based on a factor other than age, even though that action may have a disproportionate effect on persons of different ages. An action may be based on a factor other than age if the factor bears a direct and substantial relationship to the normal operation of the program or activity or the achievement of a statutory objective.
- (a) The burden of proving age distinction or other action falls within the rule exceptions is on the Department and its contracted service providers receiving federal financial assistance.
  - (b) If the Department or its contracted service providers are operating a program that provides special benefits to the elderly or to children, or if an age distinction is in an HHS rule or regulation, the use of age distinctions shall be presumed to be necessary to the normal operation of the program.

- (c) Each program and provider has primary responsibility to ensure that its programs and activities comply with the Act and the implementing regulations, and will take steps to eliminate violations of the Act.

**B. Assignment of Responsibilities within the Department of Health**

Compliance with these procedures will be ensured individually and collectively by assignment of responsibilities for civil rights compliance activities as specified in this section.

1. The Equal Opportunity Section will be responsible for the coordination of all civil rights compliance activities and will:
  - a. Provide technical assistance, guidance and necessary training to Department personnel.
  - b. Disseminate civil rights compliance information to the Equal Employment Opportunity (EO) coordinators, other appropriate Department personnel and interested parties.
  - c. Process complaints of discrimination in accordance with procedures established by this section.
  - d. Review compliance reports and investigations conducted by assigned state and county compliance representatives.
  - e. Assist county and headquarters staff, as appropriate, with reviews of, and correspondence to other agencies and service providers to achieve civil rights compliance.
  - f. Inform Department staff of pertinent civil rights issues and activities.
  - g. Serve as liaison between the Department of Health and the United States Department of Health and Human Services' Office for Civil Rights, and other agencies or groups concerned with the nondiscriminatory delivery of services.
  - h. Conduct periodic on-site validation reviews of program, county and provider civil rights compliance activities to ensure uniform implementation of Title VI, Section 504, the Age Discrimination Act and related federal nondiscrimination requirements.

2. Division directors will appoint employees as EO coordinators to be responsible within their respective divisions for the implementation of the Methods of Administration, and for ensuring compliance with all civil rights requirements and departmental procedures affecting the Department's Methods of Administration. The liaisons' duties will include:
  - a. Monitoring equal opportunity program or division functions within headquarters and coordinating county program monitoring through county EO coordinators.
  - b. Providing technical assistance to Department program offices, county health departments and Children's Medical Services clinics regarding program accessibility.
  - c. Investigating complaints of alleged discrimination.
  - d. Coordinating preparation of required reports, including program or division specific portions of the affirmative action plan.
  - e. Participating in and assisting EO coordinators and Equal Opportunity Section staff in equal opportunity and related civil rights compliance activities.
  - f. Advising the respective division directors, county health department directors and Children's Medical Services administrators of problems and recommended remedial action.
  - g. Ensuring that the Department's policy statement, federal EO posters and other related materials are displayed in appropriate areas for employees and the public.
  - h. Reviewing and monitoring for compliance with the civil rights regulations and procedures.
  - i. Providing civil rights training or orientation as appropriate.

## **VII. Procedures**

### **A. Dissemination of Information**

Pursuant to the various federal and state civil rights laws, rules, and regulations, the Department of Health will provide notification of its compliance responsibilities to participants, potential participants, applicants, employees, providers and subcontractors. Further, the Department of Health will appropriately post its equal opportunity and nondiscrimination policy as required by 45 CFR, Parts 80, 84, and 91.

1. Procedures for Notification (Dissemination of Information)
  - a. The Equal Opportunity Section will distribute, as appropriate, copies of the Notice of Compliance/Statement of Policy to organizations in Florida representing minorities, women, senior citizens, and persons with disabilities.
  - b. The Bureau of Personnel and Human Resource Management will distribute, as appropriate, copies of the Notice of Compliance/Statement of Policy to those unions or associations having collective bargaining agreements with the Department.
  - c. The Notice of Compliance/Statement of Policy will be permanently posted as follows:
    - (1) Offices of the deputy state health officer and deputy secretaries on official bulletin boards under their jurisdiction.
    - (2) Department's division offices on official bulletin boards.
    - (3) County, CMS and other Department entity offices on official bulletin boards.
    - (4) Servicing human resource offices.
    - (5) Service centers in client waiting rooms and client interviewing rooms at facilities serving clients.
    - (6) Facilities of contracted service providers receiving or benefiting from federal financial assistance administered by the Department of Health.
    - (7) In a conspicuous place in all other departmental facilities or programs.
2. Procedures for Monitoring Notification Requirements
  - a. The county, children's medical services, and departmental EO Coordinators and contacts are responsible for periodic monitoring to ensure that notices are properly posted and that the Department's nondiscriminatory policy is appropriately disseminated.
  - b. The Equal Opportunity Section staff, in addition to departmental, county, and Children's Medical Services EO coordinators, will

conduct on-site reviews to determine provider compliance with this requirement, pursuant to 45 CFR, Parts 80, 84, and 91.

3. Supply of Posters
  - a. Notice of Compliance/Statement of Policy posters will be maintained by the Equal Opportunity Section and distributed upon request or revision.

## **B. Civil Rights Compliance Assurances and Implementation**

This section establishes procedures for uniformly assuring civil rights compliance in all departmental programs and activities as well as in covered contracts and grants between the Department and its service providers to permit the Department to be eligible to receive federal financial assistance.

The Department of Health assures that all employees, officials, agents, agencies, contractors, subcontractors, sub-grantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of the department's programs and activities are not discriminating against those participants or employees in violation of applicable civil rights statutes, regulations, guidelines and standards. Every contract, grant or financial assistance agreement with a provider, which is negotiated, renewed, or modified after the effective date of this policy must contain suitable language equivalent to the assurance of compliance incorporated into the body of the contract or grant.

## **C. Maintaining Compliance by Service Providers**

1. A list of current contracts and providers will be maintained by each contract manager and/or contract administration unit for review by the EO Section.
  - a. Each contract provider will complete a Civil Rights Compliance Checklist to submit to the contract manager each year. The contract manager will review the checklist for completion and submit to the EO Coordinator by June 15 of each year.
    - (1) The EO Coordinator is responsible for submitting the compliance checklist to the Office of the General Counsel, EO Section, by July 20 of each year (Appendix A).
    - (2) Each provider with 15 or more employees will be subject to an on-site monitoring review once every three years. The On-Site Monitoring Review Report (Appendix B) will be submitted to the EO Coordinator for final review and

submitted to the Office of the General Counsel, EO Section.

- (3) For any provider found to be out of compliance, a corrective action plan will be developed or a compliance agreement will be negotiated to remedy any deficiencies found, or the contract will be terminated. The Office of the General Counsel, EO Section must approve all corrective action plans.
    - (a) The Civil Rights Compliance Checklist will be completed annually by each county health department, Children’s Medical Services clinic, local program and program office.
  - (4) The checklist will be submitted to the EO Coordinator by June 15 of each year.
  - (5) The EO Coordinator will report compliance reviews of local programs and program offices to the Office of the General Counsel, EO Section by July 20 of each year on the Civil Rights Compliance Report.
  - (6) The EO Coordinator and the Office of the General Counsel, EO Section will complete the On-Site Monitoring Review Report for on-site civil rights reviews that are conducted.
  - (7) The Office of the General Counsel, EO Section, will monitor compliance reviews through desk reviews of reports, on-site civil rights reviews, and corrective action plans.
- b. Federal civil rights compliance reviews will be conducted as required by the federal agency involved. The Office of the General Counsel, EO Section will act as the departmental liaison coordinating such reviews.
2. Prior to conducting the on-site review, as well as during the review, the EO Section will:
    - a. Coordinate scheduling with the appropriate staff.
    - b. Obtain a brief description of the scope and nature of services provided.

- c. Obtain and review a description of the organization and structure for the provision of these services, including size of staff, by types of positions, e.g., nurses, counselors, etc.
- d. Obtain and review statistics, giving racial and ethnic breakdown showing:
  - (1) Number of applicants in the preceding year.
  - (2) Number of persons currently receiving assistance or services.
  - (3) Any other statistics available by race, sex, and national origin, such as average monthly assistance payments, infant and maternal mortality rates, number of referrals to other agencies, or programs and client area demographics.
  - (4) Review available information such as: facility brochures, pamphlets or questionnaires; completed Civil Rights Compliance Checklists; auxiliary aids and limited English proficiency plans; infectious disease control procedures; affirmative action plans; civil rights complaints and complaint procedures; special incident reports; management reviews; program monitoring reports; self-evaluations; and accessibility studies to note problems or issues for special attention, documentation and follow-up.
  - (5) Review other relevant information that is available regarding comparative data such as the location and racial utilization of other similar facilities.
- e. Conducting the On-Site Review
  - (1) The EO staff will visit the provider, facility or program and interview key staff, including designated Title VI and Section 504 coordinator(s) to discuss policies, and activities of each unit of operation.
  - (2) Use the On-Site Compliance Review Checklist and address all elements on the checklist.
  - (3) Use relevant compliance monitoring tools.
  - (4) Describe the methods used, including time intervals, by the program office to monitor civil rights requirements and to conduct reviews.

- (5) Identify any forms or instructions developed to supplement those provided by the Office of the General Counsel, EO Section, (attach copies, if indicated).
  - (6) Describe methods used to assure continued compliance with nondiscrimination in services on the part of staff of the county or headquarters program.
  - (7) Describe methods used to assure that staff make referrals to or otherwise utilize for beneficiaries only those vendors or community agencies offering services without discrimination and who provide equally effective and equally accessible quality services to those referred.
  - (8) Describe how clients are assigned to staff.
  - (9) Describe how auxiliary aids are provided to clients with disabilities and to clients with Limited English Proficiency.
  - (10) Describe how equal access to facilities is assured to clients with disabilities.
- f. Handling Complaints of Discrimination
- (1) Identify methods used in disseminating information concerning the right to file a complaint to:
    - (a) Beneficiaries of assistance or services.
    - (b) Applicants or potential applicants.
    - (c) Other interested persons and the general public.
  - (2) Describe methods for receiving, handling, investigating and making final disposition of complaints.
  - (3) Summarize the complaints of discrimination received during the reporting period, including the nature of discrimination alleged, findings, disposition of complaints and any corrective action steps taken.
- g. Concluding the Review
- (1) Deficiencies and accomplishments should be discussed with the appropriate manager and EO Coordinator.

- (2) Courses of corrective action and time elements involved should be discussed with the administrator and the EO Coordinator as appropriate.
- (3) A letter of findings of compliance or noncompliance should be sent to the facility with the report. Deficiencies, corrective action and time elements should be included, if applicable.
- (4) If the problem appears to be severe, a follow-up visit will be made to determine progress in the areas of noted deficiencies. Any recommendations for contract termination or referral for administrative or legal proceedings will be made to the county health department, CMS unit director, or division director.

**D. Auxiliary Aids and Limited English Proficiency Plan**

1. To provide for the implementation of departmental policy and procedures for the provision of auxiliary aids ensuring accessibility to all programs, benefits, and services to persons with disabilities and persons with Limited English Proficiency (LEP).
  - a. The Department and its contracted providers of client services will provide appropriate auxiliary aids to individuals with disabilities and interpreters to persons with Limited English Proficiency where necessary to afford such persons an equal opportunity to participate in or benefit from programs and services of the Department of Health. Auxiliary aids include, but are not limited to, Braille and taped materials, interpreters, readers, listening devices and systems, television decoders, visual fire alarms using strobe lights, captioned films and other assistive devices.
  - b. All qualified and potential clients are entitled to an equal opportunity to use and benefit from the programs and services of the Department and its contracted service providers. This includes reasonable accommodations to ensure that programs and services are equally accessible to and equally effective for otherwise qualified persons with disabilities who have hearing, vision, or mobility impairments. The Department and its contracted service providers will take reasonable steps to provide services and information in appropriate languages, other than English, to ensure that persons with Limited English Proficiency are effectively informed and can effectively participate in and benefit from its programs, services, and activities.

- c. Auxiliary aids or language interpreters will be available for use by clients and potential clients with impaired sensory, manual or speaking skills in each phase of the service delivery process (e.g. telephone inquiries, intake interviews, service delivery, counseling and complaints, etc.)
    - (1) The director of administration, county health department, CMS units and other major entity directors, and the hospital administrator are responsible for the development and implementation of their respective auxiliary aids plan that provides assisting devices, interpreters or readers and physical modifications to ensure the accessibility of programs and services to clients or potential clients with sensory (hearing and sight), speaking or mobility impairments.
  - d. The Equal Opportunity (EO) manager is the designated Title VI, Section 504 and ADA coordinator for the Department and is responsible for the overall coordination and the development and implementation of departmental procedures for ensuring the nondiscriminatory delivery of equally effective and equally accessible quality services. Clients and potential clients are generally provided services through the counties; therefore, each county specific Auxiliary Aids and Limited English Proficiency Plan must cover persons in the respective geographic area. Such clients will be directed to the appropriate operating county for actual delivery of services. All departmental employees are responsible for ensuring accessibility and equally beneficial services to all clients and potential clients of the Department.
2. A copy of each county health department, CMS unit and the headquarters plan or update to the plan is submitted to the Office of the General Counsel, EO Section, by March 31, of each year. The plan will be updated, as needed, but at least annually.
  3. Minimum Requirements for the Auxiliary Aids and Limited English Proficiency Plan:
    - a. A description of auxiliary aids available for use in each phase of the service delivery process (e.g., telephone inquiries, requests, intake interviews, service provision, counseling, emergency services, etc.) when the lack of such aids may in effect deny service accessibility or hinder service effectiveness.
    - b. A list of the resources available (e.g., TTD, list of qualified interpreters, including Department of Health staff and qualified volunteers, deaf service centers, and other organizations serving

persons with hearing, vision and mobility impairment) shall be maintained in each county, hospital and by each service provider with over 15 employees. The county health department director, CMS clinic administrator and provider administrator shall designate a specific office of accountability to ensure proper dissemination of this information.

- c. A training requirement for direct services field staff, institutional staff and other staff who deal with the public, to include an awareness of hearing impairments and deafness; vision impairments and blindness; mobility and psychological impairment; the communication options available for auxiliary aids; how to access those aids; and the responsibility to provide reasonable accommodations to ensure that programs and services are equally accessible to and effective for persons with disabilities. Training shall be made available to contract service providers as appropriate.
- d. At a minimum, detailed procedures to be used by direct service staff in requesting appropriate auxiliary aids shall include:
  - (1) How client needs will be assessed.
  - (2) Who is responsible for approving the request and obtaining the appropriate auxiliary aid.
  - (3) A time standard for the provision of services. In some cases delaying services is not always practical or appropriate; therefore, provision should be made for communication alternatives when advance notice for an auxiliary aid is not given.
  - (4) A full range of communication options with the selection of the option the person with the hearing, sight or mobility impairment believes is the most effective to ensure such persons are provided effective access to health care and other services. The range of options that must be provided at no cost to the person with the hearing impairment must include:
    - (a) Formal arrangements with interpreters who can accurately and fluently express and receive in sign language. The names, addresses, phone numbers and hours of availability of interpreters must be readily available to direct services employees.
    - (b) Supplemental hearing devices.

- (c) Written communication .
  - (d) Flash cards.
  - (e) Staff training in basic sign language expressions relevant to emergency treatment.
  - (f) At least one telecommunications device, or an arrangement to share a TDD line with other facilities.
  - (g) Family members may be used, only if they are specifically requested by the hearing impaired person.
- (5) A procedure for notifying clients and applicants of the availability of auxiliary aids and procedures for requesting an auxiliary aid.
  - (6) A monitoring procedure for ensuring compliance with this regulation.
4. When it is necessary to obtain auxiliary aids, every effort will be made to obtain them within the Department's current resources, including qualified volunteers and volunteer organizations. However, if an auxiliary aid is required and must be purchased or leased, payment will be made from the appropriate operating budget. Finance and accounting procedures govern the purchase and provision of interpreter services. A qualified interpreter will be paid fees in accordance with finance and accounting procedures.
5. The following procedures are to be followed by Department of Health employees in providing auxiliary aids to ensure the accessibility of programs and services to clients or potential clients with sensory (hearing and sight), speaking or mobility impairments.
- a. Client needs are to be assessed through consulting with the client or potential client concerning his or her preferred communication mode, and if applicable with the assigned caseworker, counselor, parent, other family member, guardian or other representative and the auxiliary aids coordinator.
  - b. The communication options for hearing impaired persons will include but not be limited to telecommunication devices for the deaf (TDD), telephone facsimile transmittal (FAX), phone amplifiers, sign language interpreters, flash cards, lip-reading,

written notes, supplementary hearing devices, charts, signs or a combination of these.

- c. The Department of Health or provider administrative official with budget approval authority over the unit or facility involved, or the designated official as otherwise provided in the specific auxiliary aids plan has the responsibility for approving the request and obtaining the appropriate auxiliary aid. Financial management payment policies and procedures are to be followed.
- d. Auxiliary aids will be provided within two days of request or as otherwise required. Delaying services is not always practical or appropriate; therefore, provision will be made for communication alternatives when advance notice of a need for an auxiliary aid is not given.
- e. The use of auxiliary aids will be at no cost to the client. Finance and accounting procedures, along with this procedure, the Americans with Disabilities Act Accommodations Manual, and the appropriate auxiliary aids plan govern the purchase and provision of interpreter services.

#### **E. Meetings/Conferences/Facilities Accessibility**

- 1. Following are the procedures and minimum requirements for ensuring accessibility of meetings, conferences and seminars to persons with sensory, speech or mobility impairments or Limited English Proficiency:
  - a. Meetings, conferences and seminars will be accessible to persons with sensory, speech or mobility impairments. Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the unit sponsoring the activity in coordination with the designated Section 504 Coordinator or Auxiliary Aids and Limited English Proficiency Coordinator. When meetings, conferences or seminars are scheduled, information will be included in the advertisements, conference registration materials or meeting notices, that sensory impaired participants will be provided with necessary auxiliary aids at no cost. The information will include the name of a contact person and a date by which the person must request such assistance. The registration process should include a method for determining the number and type of disabled individuals (participants) needing assistance, as well as the type of personal assistance or accommodation requested.
  - b. Facilities used for meetings, conferences and seminars will be reviewed for accessibility by the unit sponsoring the activity in coordination with the designated Section 504/ADA Coordinator.

2. The following provisions are required if sensory, speech, mobility impaired or persons with Limited English Proficiency plan to attend the specific meeting, conference or seminar:
  - a. Qualified interpreters for hearing or speech impaired persons and accessibility to Teletype (TDD) equipment. Note: when telephones are provided for use by participants or residents (clients, employees or the public), TDDs must be provided for participants or residents who are deaf.
  - b. Adequate lighting in meeting rooms so signing by interpreter can be readily seen.
  - c. Readers or cassette recordings to enable full participation by vision impaired persons.
  - d. Interpreters for participants with Limited English Proficiency.
  - e. Agenda and other conference materials translated into usable form for visually and hearing impaired or persons with Limited English Proficiency.
    - (1) Parking spaces clearly marked with appropriate ramps and curb cuts will be provided for persons with disabilities.
      - (a) Where parking is available on or adjacent to the site, one 96" wide space with a 60" access aisle shall be set aside for the car of each mobility-impaired participant requesting it in advance of the meeting. Two accessible parking spaces may share a common access aisle.
      - (b) Where parking is not available on or adjacent to the site, valet parking or other alternative accommodations for mobility impaired participants will be provided.
      - (c) Entrance ramps will be available and appropriate (36" wide or wider, level with adjacent surface and a manageable slope or incline of no more than one inch rise per foot, 1:12).
      - (d) Meeting rooms will be all on one level or capable of being reached by elevators or ramps that can be independently traversed by a mobility-impaired participant.

- (e) Stages, platforms, etc., to be used by persons in wheelchairs will be accessible by ramps or lifts.
  - (f) Seating arrangements for persons in wheelchairs will be adapted to integrate mobility-impaired persons rather than to isolate them on the group's perimeter.
- (2) Sufficient accessible guest rooms (at the same rate as guest rooms for other participants) will be located in the facility where meeting, etc., is held or in a facility housing the other participants.
- (a) One unobstructed entrance to each facility.
  - (b) Doors operable by single effort.
  - (c) Door handles no more than 48" from floor.
  - (d) Controls with Braille numbers or letters.
  - (e) Accommodates wheelchair 29"x 45".
  - (f) Restrooms accessible to mobility-impaired participants.
  - (g) Level access for each sex on each floor.
  - (h) Turnaround space 5'x 5'.
  - (i) Door clearance of 32".
  - (j) Grab rails provided.
  - (k) Shelves, racks, dispensers, etc., not more than 48" for forward reach or 54" for side reach.
  - (l) Restrooms indicating accessibility.
  - (m) Wheelchair accessible telephones.
  - (n) Accessible drinking fountains with cup dispensers.
  - (o) Audible and visible fire alarms.
- (5) Notification

- (a) The Department of Health's Non-discrimination Policy and the hearing impaired poster will be displayed in each building housing headquarters, hospital, CMS and county employees, at main entrances in lobby areas; in each facility serving clients at admission desks, waiting rooms and bulletin boards. The name, telephone number and TDD number for the designated Auxiliary Aids and Limited English Proficiency coordinator will be listed on the hearing impaired poster to ensure accessibility to clients or potential clients, or their representatives. Descriptive information on the availability of assisting devices or aids will be included in announcements related to meetings, seminars, workshops and conferences, as well as to services offered by headquarters, hospital and county units and by contracted service providers.

(6) Awareness of Auxiliary Aids and Limited English Proficiency Plan

3. Documentation/Record Retention

- a. Records relating to the auxiliary aids plan implementation, specifically including the methods and sample copies of information, such as brochures, letters, memoranda, newspaper notices, staff meetings or public service announcements, used to inform employees or clients of this nondiscriminatory policy will be documented and maintained for three years by the designated 504 coordinator for the subject program or service provider.
- b. All finalized requests for accommodations with relevant documentation will be forwarded to the Section 504/ADA Coordinator.
- c. Monitoring
- d. Monitoring will be accomplished through annual updates, surveys, compliance reviews, complaint investigations, and other related civil rights activities.

4. Assessment

To ensure meaningful access to all DOH programs and services, each program office will assess its language needs by:

- a. Identifying the non-English languages that are likely to be encountered in its programs and estimating the numbers of persons with Limited English Proficiency (LEP) eligible for services that are likely to be affected by its program. This can be done by reviewing census data, client utilization data, and community organizations. The estimate should be used as a guide for employee recruitment.
- b. Identifying at first contact the preferred language including dialect and American Sign Language of each client with Limited English proficiency, and recording this information in the client's file, as well as that of the accompanying legal parent, guardian or other adult.
  - (1) Inform clients about the purpose of collecting data on race, ethnicity and language.
  - (2) Emphasize that such data is confidential and will not be used for discriminatory purposes.
  - (3) A client does not have to provide the information if he or she chooses not to provide such information, unless required by law.
- c. Identifying the points of contact in the program or activity where language assistance is likely to be needed; and identifying resources needed, location and availability of these resources.
- d. The identified language needs would be reported to the Office of the General Counsel, EO Section, or the local EO Coordinator.

5. Translation of Written Materials

Written material (vital documents) routinely provided in English to applicants, clients, and the public are to be available in regularly encountered languages other than English. It is vital that documents be identified and translated into the non-English language of each regularly encountered LEP group eligible to be served or to be directly affected. Each program office will make sure non-English written material, such as program forms, brochures, etc., are available to operational staff.

6. Competency of Interpreters and Translators

Certification of interpreters is not required, however competency requires demonstrated proficiency in both English and the other language, fundamental knowledge in both languages of any specialized terms, or concepts peculiar to the covered entity's program or activity, sensitivity to

the LEP person's culture and a demonstrated ability to convey information in both languages accurately. It is the responsibility of program managers and supervisors to ensure the competency of interpreters.

## **F. Complaint Procedures**

This section establishes uniform procedures for solving complaints of discrimination filed against the Department of Health. These procedures apply to departmental employees, applicants for employment, clients, and potential clients who allege unlawful discrimination by reason of race, color, sex, marital status, religion, age, national origin or disabling condition. Clients include those individuals applying for or receiving benefits and/or services provided by the Department, its contractors, subcontractors, and community based care providers.

1. Employees, applicants for employment, clients and potential clients of the Department of Health who believe that they have been discriminated against may file a written complaint of discrimination within 365 days from the alleged discriminatory action.

Complaints may be filed with the following offices:

- a. Office of the General Counsel  
Equal Opportunity Section  
Department of Health  
4052 Bald Cypress Way, Bin A02  
Tallahassee, FL 32399-1703  
(850) 245-4002  
TDD (850) 410-1451  
or the local EO coordinator
- b. Florida Commission on Human Relations  
2009 Apalachee Parkway, Suite 100  
Tallahassee, FL 32301  
(850) 488-7082  
Toll free: 1-800-342-8170
- c. US Equal Employment Opportunity Commission (EOC) Miami  
District Office  
Miami Tower, 100 S E 2nd Street, Suite 1500  
Miami, Florida 33131  
(305) 808-1877  
Toll free: 1-800-669-4000  
TTY: 1-800-669-6820
- d. US Equal Employment Opportunity Commission (EOC)

Tampa Field Office  
501 East Polk Street  
Room 1000  
Tampa, Florida 33602  
(813) 202-7909  
Toll free: 1-800-669-4000  
TTY: 1-800-669-6820

2. Service Delivery: any client, beneficiary, applicant, and/or potential client may file a written complaint within 180 days of the alleged discriminatory act with:

- a. Department of Health  
Office of the General Counsel  
Equal Opportunity Section  
4052 Bald Cypress Way, Bin A02  
Tallahassee, FL 32399-1703  
(850) 245-4002  
TDD (850) 410-1451  
or the local EO coordinator
- b. United States Department of Health and Human Services Office  
of Civil Rights  
Atlanta Federal Building  
61 Forsyth Street, S.W, Suite 16T70  
Atlanta, GA 30303-8909  
(404) 562-7886
- c. United States Department of Agriculture  
Food and Nutrition Service  
61 Forsyth Street, SW, Suite 8T36  
Atlanta, GA 30303-8909  
(404) 562-1801
- d. United States Department of Justice  
Civil Rights Division  
Disability Section  
Post Office Box 66738  
Washington, D. C. 20035-6738  
1-800-514-0301  
TDD 1-800-514-0383

The complaint must contain:

- (a) Basis for the complaint, e. g., race, color, religion, sex, age, national origin, disability, or retaliation.

- (b) Name, address and phone number of the person filing the charge (complainant).
    - (c) Name and address of the employer or provider being filed against (respondent).
    - (d) Description and dates of the alleged discriminatory act(s).
    - (e) Be affirmed or signed by the complainant.
  - e. Complaints filed with federal and state agencies are subject to federal and state laws governing such complaints. Final determination of the validity of the complaint will be made by that agency.
- 3. The Office of the General Counsel, Equal Opportunity Section, is the Department's central intake point for all externally and internally filed complaints. Other Department of Health offices receiving such complaints directly are to immediately forward the complaints to the Office of the General Counsel, Equal Opportunity Section.
- 4. Complaint receipt
  - a. Internal complaints are complaints filed directly with the Office of the General Counsel, Equal Opportunity Section, or the local EO coordinator. Upon receipt of a written complaint, the Office of Equal Opportunity will send written acknowledgement of the internal complaint to the complainant and will notify the headquarters administrator, county health department director, and/or CMS unit administrator who has line responsibility for the alleged discriminatory official. The complaint will then be assigned and investigated.
  - b. External complaints are complaints filed directly with another agency. Upon receipt of an externally filed complaint, the appropriate administrative official will be notified and the complaint will be assigned and investigated.
- 5. Complaint Investigation
  - a. Within five calendar days of receipt of a complaint, the Office of the General Counsel, EO Section will forward the written complaint, along with a document request to the appropriate EO coordinator or administrator responsible for the investigation. The document request will delineate each allegation and documents to be obtained.

- b. Another departmental representative may be designated as the investigator at the discretion of the county health department director, CMS administrator, or headquarters official. If another investigator is assigned, the Office of the General Counsel, EO Section will be informed in writing of the designated investigator and the reason.
- c. Within 30 calendar days of receipt of the complaint assignment, an investigative report will be prepared, submitted for review and approval, through the appropriate legal counsel, to the county health department director, administrator, or appropriate headquarters official and returned to the Office of the General Counsel, Equal Opportunity Section.
- d. The investigative report will include, but not be limited to:
  - (1) The complaint and any additional information which the complainant wishes to submit.
  - (2) Affidavit(s) by any witnesses testifying on behalf of the complainant.
  - (3) Affidavit(s) by the Alleged Discriminatory Official (ADO) in response to each allegation with any supporting documentation.
  - (4) Affidavit(s) by any witnesses testifying on behalf of the ADO(s).
  - (5) Statement of position by the respondent, together with any documents in support of that position.
  - (6) Records and documents gathered in evidence from the respondent.
  - (7) Investigator's summary and recommendation of a finding of reasonable cause or no reasonable cause to believe that discrimination or retaliation has occurred as alleged.
    - (a) If the county health department director, administrator, other appropriate official or the Office of the General Counsel, EO Section, determines the report to be insufficient, the report will be returned for further review or investigation. Any objections should be noted in writing to indicate the specific deficiencies cited or other reasons for rejection.

- (b) Requests for extensions of the time to complete the investigative report may be made to the Office of the General Counsel, EO Section, through the appropriate official, county health department director or CMS administrator by the EO coordinator whenever additional time is required to submit the investigative report. Reasons for the need for additional time and the anticipated completion date must be included in the request.
      - (c) Upon receipt of the investigative report, the Office of the General Counsel, EO Section, will review the report for sufficiency to determine if there is a need for additional information or immediate corrective action. The report and any addendum required to fully address the issues in the complaint and the Office of the General Counsel, EO Section, recommendation will be submitted along with the complaint summary to the Department's legal office for review.
- 6. Complaint Decision and Disposition. Based on the investigative report, finding and recommendations, the manager of the Office of the General Counsel, EO Section, will determine the Department's position relative to each complaint.
  - a. Internal Complaints
    - (1) If there is a finding of no reasonable cause, the complaint will be dismissed, the complaint file closed, and the complainant and ADO(s) notified of the decision. However, the complainant does have the option to file the complaint externally.
    - (2) If there is a finding of reasonable cause, conciliation will be initiated by the Office of the General Counsel, EO Section, with the EO coordinator, the appropriate administrative officials and the complainant.
  - b. External Complaints
    - (1) If the Department finds no reasonable cause, the Office of the General Counsel, EO Section, will prepare a position statement supporting this finding and will submit that statement along with supporting documentation to the

external agency who will make the final determination of the complaint.

- (2) If the Department finds reasonable cause, the Office of the General Counsel, EO Section, will initiate conciliation in coordination with the EO coordinator, the appropriate departmental official, the Department of Insurance (Division of Risk Management) and the State Comptroller.
- (3) If the external agency finds reasonable cause, they will initiate conciliation coordinated internally by the Office of the General Counsel, EO Section, with the EO coordinator, appropriate departmental official, the Department of Insurance (Division of Risk Management) and the State Comptroller.

#### **G. Retaliation Prohibited**

No person shall intimidate, threaten, coerce, or discriminate against any individual for the purposes of interfering with any right or privilege secured by the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act of 1990 or any other state or federal civil rights law, or because he or she participated in any manner in an investigation, proceeding or hearing under said law.

#### **H. Training and Evaluation**

##### Training

1. The Office of the General Counsel, EO Section, will ensure that appropriate civil rights compliance training and technical assistance are provided to the county, CMS unit, and headquarters coordinators to include:
  - a. Annual EO coordinators' workshop.
  - b. Pre-service training on civil rights compliance responsibilities, including investigative techniques, to new EO coordinators within 30 days after appointment.
2. EO coordinators will be responsible for the provision of EO training and orientation, as appropriate, to include:
  - a. New employee orientation.
  - b. Inservice training for new employees who are serving on an EO compliance committee, supervisors, and contract providers.

- c. Training for contract managers, grant managers, other staff assigned civil rights compliance responsibilities, and other employees as appropriate.
  - d. Training will consist of workshops, technical assistance conferences, as well as the distribution of pamphlets, procedures, guidelines and other technical assistance materials.
3. County, CMS unit, and headquarters employees and provider staff who provide direct services to clients will be trained on how to assist sensory impaired clients and potential clients in obtaining assisting devices and aids, or other reasonable accommodations. Such training will include:
- a. Procedures for serving or accommodating hearing impaired, sight impaired and mobility impaired clients or potential clients.
  - b. Awareness of hearing impairments, deafness, speech impairments, sight impairments, blindness, reading impairments, dyslexia, and mobility impairments.
  - c. Communication options available.
  - d. How to provide reasonable accommodations for qualified clients and potential clients, i. e., how to access or purchase auxiliary aids, interpreter services or physical modifications.
  - e. Requirements for making meetings, conferences and services accessible.

#### **I. Evaluation**

1. The Office of the General Counsel, EO Section, will assume the overall responsibility for evaluating compliance activities to determine the effectiveness of procedures used to maintain compliance.
2. Compliance review and evaluation may also be scheduled with other review activities.
3. County health department directors and CMS unit administrators are responsible for the evaluation of county and CMS compliance activities to determine the effectiveness of procedures used to maintain and to ensure county and institutional civil rights compliance.
4. The evaluation process will be completed by on-site reviews of all programs and providers, reviews of civil rights compliance checklists,

quality assurance reports, related data, and surveys, including reviews by the Office of the General Counsel, EO Section.

#### **J. Reports and Record Keeping.**

The reports and reviews required to implement each county's civil rights compliance activities will be maintained and reviewed to determine the extent to which provisions of this procedure and the related civil rights compliance requirements have been followed.

Reports:

1. The Civil Rights Compliance Checklist will be completed by each provider and county program and submitted to the EO coordinator by June 15 of each year for review.
2. The Civil Rights Compliance Report will be completed by the EO coordinator and submitted through the appropriate official to the Office of the General Counsel, EO Section, by July 20, of each year.
3. The On-Site Validation Review Report will be completed as part of the validation review process.
4. Auxiliary Aids and Limited English Proficiency Plans will be completed and submitted to the Office of the General Counsel, EO Section by March 31, of each year.

#### **K. Record Keeping**

1. All records, reviews, checklists, compliance agreements, corrective action plans, reviewer notes, review summaries, and other documentation reflecting civil rights compliance activities will be maintained by the appropriate EO coordinator.
2. Documentation of the dissemination of the Department of Health non-discrimination policy and procedures, including to whom sent or given, how and when it was distributed, and what information was provided will be maintained by the EO coordinator.

### **VIII. Distribution List**

Deputies  
Office Directors  
Division Directors  
Bureau Chiefs  
County Health Department Directors/Administrators  
All Department Business Managers

Children's Medical Services Medical Directors  
Children's Medical Services Nursing Directors and Program Managers  
Human Resource Managers/Liaisons  
EO Coordinators  
Policies and Procedures Library, hard copy  
Web Manager, electronic copy

**IX. History Notes**

Replaces and supersedes HRS 220-2, Revised 06-01-2001

**X. Appendices**

**Appendix A – Civil Rights Compliance Checklist**  
([http://dohiws/Divisions/General\\_Counsel/index\\_EO.htm](http://dohiws/Divisions/General_Counsel/index_EO.htm))



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

**CIVIL RIGHTS COMPLIANCE CHECKLIST**

For the Fiscal Year July 1 2013 to June 30, 2014

Facility / Program	County	
Address	Completed By	
City, State, Zip Code	Date	Telephone
Briefly describe the geographic area served by the program/facility and the type of services provided:		

Minimum Requirements	Complies?			COMMENTS If, No or N/A, Explain briefly	Local - County procedures or policy refs
	Yes	No	N/A		
<b>Requirement: DOH Policy – Designation of Compliance Officer.</b> Programs and facilities that employ 15 or more persons must designate at least one person to coordinate efforts to comply with the requirements of Title VI of the Civil Rights Act of 1964 (Title VI); HHS Assurances; as well as Section 504 of the Rehabilitation Act of 1972 (Section 504), the ADA of 1990 (ADA), and the Age Discrimination Act of 1975.					
1. Has your organization assigned the local responsibility for insuring compliance with the HHS Assurances for <b>Title VI of the Civil Rights Act of 1964 (Title VI)</b> , as amended, under the contract between the Florida Department of Health and the U.S. Department of Health and Human Services to someone in your organization?	Y	N			
1a. Who is designated as the local Title VI Coordinator?					
1b. What is this person's position title?					
2. Have all contracted service providers with 15 or more employee designated a Title VI Coordinator?	Y	N			
- a Section 504 coordinator:	Y	N			
- a contact person for ADA and Limited English Proficiency (LEP) requests	Y	N			
3. Has your organization appointed an employee with compliance monitoring responsibilities for Section 504, ADA, and the Age Discrimination Act of 1975? If not the same as the Title VI coordinator (#1 above), provide the name, position title and contact information.	Y	N			
<b>Requirement: DOH Policy – Equal Access and Participation (Participation).</b> Programs and facilities will maintain and record statistics which will document equal access and participation in compliance with Title VI, including participant demographics and program qualification requirements, including numbers applying for services, enrollment, and number not enrolled.					

**Appendix A, continued**

Florida Department of Health  
 Equal Opportunity Section  
**COMPLIANCE REVIEW (Continued)**

Minimum Requirements	Complies?		N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy refs
	YES	NO			
<b>Requirement – Equal Access and Participation: Reporting Community Outreach and Advocacy</b>					
4. Does your organization document the dissemination of information to the community (including clients, potential clients and advocacy groups) about HHS's Title VI programs and your organization's commitment to compliance with civil rights and non-discrimination?	Y	N			
4.a – Does your organization regularly meet or communicate with community organizations and advocacy groups?	Y	N			
4.b – What community organizations and advocacy groups do you communicate regularly with, and how? (List on a separate sheet)	Y	N			
<b>Requirement – Equal Access and Participation: Reporting Compliance</b>					
5. Does your organization record and maintain statistics which will document equal access and participation in compliance with Title VI ?	Y	N			
5.a – Do your records identify participants and applicants in each program at each center or location, and if so, do you record race, color, national origin, age, gender and disability status?	Y	N			
5.b – Are the participation rates reported to the EO Section – and how often?	Y	N			
5.c – Do you report the number and enrollment rates of applicants and the number of participants who complete each program?	Y	N			
5.d – Do you offer and collect participant satisfaction surveys for each program?	Y	N			
5.e – Who has physical custody of the records on applicants and participants, and surveys?	Y	N			
<b>Requirement - Equal Access and Participation: Limited English Proficiency and Auxiliary Aids Plan</b>					
6. Does your organization annually review the Department's LEP and Auxiliary Aids Plan (LEP/AA) and incorporate any changes in the local LEP/AA Plan provisions?	Y	N			
6.a Who is designated as the LEP/AA Plan contact and coordinator?	(Name, Title and Phone number)				

**Appendix A, continued**

Florida Department of Health  
 Equal Opportunity Section  
**COMPLIANCE REVIEW (Continued)**

Minimum Requirements	Complies?		N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy refs
	YES	NO			
6.b Does the above individual annually review and update the local resources and referrals for your organization?	Y	N			
<b>Requirement - Equal Access and Participation: Communications</b>					
6.c Does your organization provide an updated list of <b>local resources and referrals</b> to staff and/or <b>training</b> , to provide information on how to access the list of resources? If so, does it include the following:	Y	N			
6.c.1. Description of auxiliary aids available for use in each phase of the service delivery process	Y	N			
6.c.3. Does the organization have a requirement for <b>training</b> for direct services field staff, institutional staff and other staff who deal with the public? If so, does it include the following:	Y	N			
6.c.3a. Procedures to be used by direct service staff in requesting appropriate auxiliary aids	Y	N			
6.c.3b. Florida Relay Service (FRS) phone number (711) publicized for communications	Y	N			
6.c.3c. Full range of communication options, at no cost	Y	N			
6.c.3d. A list of formal arrangements with interpreters who can accurately and fluently express and receive in sign language? The names, addresses, phone numbers and hours of availability of interpreters must be readily available to direct services employees.	Y	N			
6.c.3e. – Accessibility to supplemental hearing devices as needed.	Y	N			
6.c.3f. - Use of written communication in lieu of verbal communications.	Y	N			
6.c.3g. – Use of Flash cards to communicate.	Y	N			
6.c.3h. At least one telecommunications device, or an arrangement to share a TDD line with other facilities.	Y	N			
6.c.4. Information that use of family members may be used only if they are specifically requested by a hearing impaired person.	Y	N			

**Appendix A, continued**

Florida Department of Health  
 Equal Opportunity Section  
**COMPLIANCE REVIEW (Continued)**

Minimum Requirements	Complies?		N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy refs
	YES	NO			
<b>7. Does the organization have a written Monitoring Procedure which includes:</b>					
- Description of how client needs are assessed.	Y	N			
- Approval responsibility for request for and obtaining the requested auxiliary aid or interpreter	Y	N			
- Standard time for DOH to provide service(s)	Y	N			
- FRS phone number (711) publicized	Y	N			
- Name of CHD/CMS Director or Administrator is provided and displayed	Y	N			
- Name and contact information for local EO Coordinator, ADA Coordinator and to request LEP/AA Plan services displayed in each location	Y	N			
- Name and contact information for the DOH EO Manager is provided and displayed	Y	N			
- A procedure (including Poster) for notifying clients and applicants of the availability of auxiliary aids and procedures for requesting an auxiliary aid	Y	N			
7a - List of Locations where DOH Posters have been posted; and when the last On-site was done to ascertain Posters are visible and current?	Y	N			
7b - Training and Meeting Notices contain required contact information to request services	Y	N			

**Requirement: DOH Policy - Notice of Title VI Rights and Complaint Procedures** – Programs/facilities must make available to their participants, beneficiaries or any other interested parties information on their right to file a complaint of discrimination with either the Florida Department of Health or the United States Department of Health and Human Services (HHS). The information may be supplied verbally or in writing to every individual, or may be supplied through the use of an equal opportunity policy poster displayed in public areas of the facility.

8. Does your organization inform participants, beneficiaries or other interested parties of their right to file a complaint of discrimination with either the DOH or the U S Department of Health and Human Services (HHS)?	Y	N			
8a – How do you inform and instruct your employees and provider personnel of the commitment to compliance with federal regulations regarding nondiscrimination?	Y	N			
8b – Do you have an established procedure for reporting internal grievance or complaints for possible discrimination or civil rights violations?	Y	N			

**Appendix A, continued**

Florida Department of Health  
 Equal Opportunity Section  
**COMPLIANCE REVIEW (Continued)**

Minimum Requirements	Complies?		COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy refs
	YES	NO		
8c – Have your local procedures been reviewed and approved by the DOH EO Section?	Y	N		
8d – Has your organization provided all participants or applicants for services with contact information for the state Equal Opportunity office (EO Section) in Tallahassee?	Y	N		
8e – Have your employees or applicants for employment been provided with contact information for the Department Equal Opportunity office (EO Section) in Tallahassee and informed of their right to file a discrimination complaint ?	Y	N		
8f – Is there a written record made of information regarding a person's request to file a complaint and who provided it?	Y	N		
8g. Does your organization ensure the EO Section is informed of any report by a client or employee of possible or alleged violation of discrimination laws within recommended time frames?	Y	N		

**Requirement: DOH Policy - Reporting Requirements: Self-Evaluation (Physical Accessibility).** Programs and facilities must conduct a self-evaluation to identify any accessibility barriers, using the four step process that includes (1) evaluate current practices and policies to identify any that do not comply with Section 504 or the ADA; modify policies and practices that do not meet requirements; take remedial steps to eliminate any discrimination that has been identified; and maintain the self-evaluation on file. Assure the program/facility is physically accessible to disabled individuals. Physical accessibility includes designated parking areas, curb cuts or level approaches, ramps and adequate width to entrances. The lobby, public telephone, restroom facilities, water fountains, information and admissions offices should be accessible. Door widths and traffic areas of administrative offices, cafeterias, restrooms, recreation areas, counters and serving lines should be observed for accessibility. Switches and controls for light, heat, ventilation, fire alarms, and other essentials should be installed at an appropriate height for accessibility for mobility-impaired individuals.

9. Has your organization, and each program, conducted and submitted a self-evaluation in the past three to five years? (Forms: Program Self-Evaluation, Communication Access, and an ADA Facility Accessibility Checklist(s))	Y	N		
9a –Has a copy of each completed self-evaluation been provided to the compliance officer and the DOH EO Section?	Y	N		
9b – Has there been any new construction or renovation work done on the facility in which the programs are provided since the last self-evaluation?	Y	N		
9c – Was a self-evaluation completed following completion of the work or provided by the contractor	Y	N		
9d – Has your organization identified any areas in which compliance should or could be improved?	Y	N		

**Appendix A, continued**

Florida Department of Health  
 Equal Opportunity Section  
**COMPLIANCE REVIEW (Continued)**

Minimum Requirements	Complies?		N/A	COMMENTS – If, No or N/A, Explain briefly	Local - County procedures or policy refs
	YES	NO			
9e – What has the organization done to address previous compliance issues or to improve compliance in the previous year?	Y	N			
<b>Requirement: DOH Policy - Reporting Requirements: Training.</b>					
10. Has the local compliance officer or designee completed DOH's EO training in the last 3 years?	Y	N			
10a. Have all employees completed DOH's orientation to EO rights: in New Hire training, or in the last 3 years, or when new policies or procedures have been promulgated?	Y	N			
<b>Requirement: DOH Policy- Reporting Requirements: Staff Recruitment and Selection</b>					
11. Are recruitment and selection files maintained for not less than two years after the selection is processed?	Y	N			
12. Do recruitment announcements include the "Equal Employment Opportunity" nondiscrimination statement (tagline) in all job vacancy announcements?	Y	N			
13. Is there any written guidance regarding advertising position vacancies in local newspapers? In minority newspapers?	Y	N			
14. Are other methods used to publicize job vacancies? If so, describe.	Y	N			

**Appendix B – Civil Rights Compliance Report**  
([http://dohiws/Divisions/General\\_Counsel/index\\_EO.htm](http://dohiws/Divisions/General_Counsel/index_EO.htm))

**STATE OF FLORIDA DEPARTMENT OF HEALTH**  
CIVIL RIGHTS COMPLIANCE REPORT

Appendix B.

PROGRAM:	DATE:
REPORTING PERIOD:	COUNTY:

1. NUMBER OF PROGRAMS TO BE REVIEWED
  - CONTRACTORS \_\_\_\_\_
  - LOCAL OFFICES \_\_\_\_\_
  - TOTAL \_\_\_\_\_
2. NUMBER OF PROGRAMS REVIEWED
  - CONTRACTORS \_\_\_\_\_
  - LOCAL OFFICES \_\_\_\_\_
  - TOTAL \_\_\_\_\_
3. TYPE OF REVIEWS
  - NUMBER OF ON-SITE REVIEWS \_\_\_\_\_
  - NUMBER OF DESK REVIEWS \_\_\_\_\_
4. FINDINGS
  - NUMBER IN COMPLIANCE \_\_\_\_\_
  - NUMBER IN NONCOMPLIANCE \_\_\_\_\_
5. OUTCOME FOR NONCOMPLIANCE
  - NUMBER OF AGREEMENTS REACHED \_\_\_\_\_
  - NUMBER OF CONTRACTS TERMINATED \_\_\_\_\_

Title VI Compliance Review Files Prepared and Maintained By:

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

OFFICE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

**Appendix B, continued**

INSTRUCTIONS FOR THE CIVIL RIGHTS COMPLIANCE REPORT

Enter identifying information.

1. Enter the number of programs within the reporting area by contractors, local programs and then total.
2. Enter the number of programs actually reviewed by contractors, local programs and then total.
3. Indicate the type of review by the number of on-site monitoring reviews and the number of desk reviews.
4. Indicate the number found to be in compliance and the number found to be out of compliance.
5. For those programs found to be out of compliance, indicate the number where compliance agreements were reached; and the number where agreements were not reached and the contracts were terminated.

Enter identifying information for individual completing and maintaining this form. Submit a copy to the Office of Equal Opportunity and Minority Affairs by July 20.

**Appendix C – Checklist for Existing Facilities**  
([http://dohiws/Divisions/General\\_Counsel/index\\_EO.htm](http://dohiws/Divisions/General_Counsel/index_EO.htm))

**Checklist for Existing Facilities**

(Complete one Checklist for each facility and for applicable sections such as restrooms, elevators, etc., complete one for each floor in a multi-floor building)

Facility: _____ Location: _____  Person Completing this Checklist _____ (Title) _____
---

Does the above person have access to a copy of the ADA  
Accessibility Guidelines? (See NOTE at end of CHECKLIST, Page 12)      YES      NO

This checklist is based on the four priorities recommended by the Title II regulations for  
planning readily achievable barrier removal projects:

- Priority 1: Accessible approach**
- Priority 2: Access to good and services**
- Priority 3: Access to rest rooms**
- Priority 4: Any other measures necessary**

Note that the references to ADAAG (ADA Accessibility Guidelines) throughout the checklist refer to the  
Standards for Accessible Design.

**PRORITY ONE - Accessible Approach/Entrance**

People with disabilities should be able to arrive on the site, approach the building, and  
enter as freely as everyone else. At least one route of travel should be safe and  
accessible for everyone including people with disabilities.

**Questions**

(Comments should be included to  
explain any answers, if needed)

**Route of Travel (ADAAG 4.3, 4.4, 4.5, 4.7)**

Is there a route of travel that does not require the use of stairs?      YES      NO

Is the route of travel **stable, firm and slip-resistant**?      YES      NO

Is the route **at least 36 inches wide**?      YES      NO

\*Can all objects protruding into the circulation paths be detected  
by a person with a visual disability using a cane?      YES      NO

\* In order to be detected using a cane, an object must be within 27 inches of  
the ground. Objects hanging or mounted must be higher than 80 inches to  
provide clear head room. It is not necessary to remove objects that protrude  
less than 4 inches from the wall.

Do curbs on the route have **curb cuts at drives, parking, and drop-offs**?      YES      NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
<b><u>Ramps (ADAAG 4.8)</u></b>		
*Are the slopes of ramps no greater than 1:12? If no, what is the slope?	YES	NO
Do all ramps longer than 6 feet have railings on both sides?	YES	NO
Are railings sturdy and between 34 and 38 inches high?	YES	NO
Is the width between railings or curbs at least 36 inches?	YES	NO
Are ramps non-slip?	YES	NO
Is there a 5-foot-long level landing at every 30-foot horizontal length of ramp, at the top and bottom of ramps and at switchbacks? _____ length	YES	NO
Does the ramp rise no more than 30 inches between landings? _____ length	YES	NO

\* Slope is given as a ratio of the height to the length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.

**Parking and Drop-Off Areas (ADAAG 4.6)**

Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot access aisle)? YES      NO

*For guidance in determining the appropriate number to designate, the table on page 12 gives the ADAAG requirements for new construction and alterations (for lots with more than 100 spaces, refer to ADAAG):*

<u>Total spaces</u>	<u>Accessible</u>
1 to 25	1 space
26 to 50	2 spaces
51 to 75	3 spaces
76 to 100	4 spaces

Number of accessible spaces      \_\_\_\_\_  
 Width of existing accessible spaces:      \_\_\_\_\_

**NOTE:** At least one of every 8 accessible spaces must be van-accessible (with a minimum of one van-accessible space in all cases).

Are 8-foot-wide spaces, with minimum 8-foot-wide access aisles, and 98 inches of vertical clearance, available for lift-equipped vans? YES      NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
Are the access aisles part of the accessible route to the accessible entrance?	YES	NO
Are the accessible spaces closest to the accessible entrance?	YES	NO
Are accessible spaces marked with the International Symbol of Accessibility?	YES	NO
Are the signs reading "Van Accessible" at van spaces?	YES	NO
Is there an enforcement procedure to ensure that accessible parking is used only by those who need it (Sign in or on auto)?	YES	NO
 <b><u>ENTRANCE (ADAAG 4.13, 4.14, 4.5)</u></b>		
If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?	YES	NO
<b>NOTE: Do not use a service entrance as the accessible entrance unless there is no other option.</b>		
Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance?	YES	NO
Can the alternative accessible entrance be used independently?	YES	NO
Does the entrance door have at least 32 inches clear opening (for a double door, at least on 32-inch leaf? _____ clear opening	YES	NO
Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle? _____ clear space	YES	NO
<b>NOTE: A person using a wheelchair or crutches needs this space to get close enough to open the door.</b>		
Is the threshold edge ¼-inch high or less, or if beveled edge, no more than ¾-inch high? _____ height	YES	NO
If provided, are carpeting or mats a maximum of ½-inch high? _____ height	YES	NO
Are edges securely installed to minimize tripping hazards?	YES	NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
Is the door handle no higher than 48 inches and operable with a closed fist? _____ height	YES	NO
<b>NOTE: The "closed fist" test for handles and controls:</b> Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.		
Can doors be opened without too much force (exterior doors reserved; maximum is 5 lbf for interior doors?) _____ force	YES	NO
<b>NOTE: You can use an inexpensive force meter or a fish scale to measure the force required to open the door. Attach the hook end to the doorknob or handle. Pull on the ring end until the door opens, and read off the amount of force required. If you do not have a force meter or a fish scale, you will need to judge subjectively whether the door is easy enough to open.</b>		
If the door has a closer, does it take at least 3 seconds to close? _____ seconds	YES	NO

**PRIORITY TWO**  
**Access To Goods And Services**

Ideally, the layout of the building should allow people with disabilities to obtain materials or services without assistance.

**Horizontal Circulation (ADAAG 4.3)**

Does the accessible entrance provide direct access to the main floor lobby, or elevator?	YES	NO
Are all public spaces on an accessible route of travel?	YES	NO
Is there a 5-foot circle or a T-shaped space for a person using a wheelchair to reverse direction? _____ clear space	YES	NO

**Doors (ADAAG 4.13)**

Do doors into public spaces have at least a 32-inch clear opening? _____ clear space	YES	NO
On the pull side of doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair or crutches can get near to open the door? _____ clear space	YES	NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
Can doors be opened without too much force (5 lbf maximum for interior doors) ? _____ clear space	YES	NO
Are door handles 48 inches high or less and operable with a closed fist? _____ height	YES	NO
Are all threshold edges ¼-inch high or less, or if beveled edge, no more than ¾-inch high? _____ height	YES	NO
 <b><u>Rooms and Spaces (ADAAG 4.2, 4.4, 4.5)</u></b>		
Are all aisles and pathways to materials and services at least 36 inches wide? _____ height	YES	NO
Is there a 5-foot circle or T-shaped space for turning a wheelchair completely? _____ clear space	YES	NO
Is carpeting low-pile, tightly woven, and securely attached along edges?	YES	NO
In circulation paths through public areas, are all obstacles cane-detectable (located within 27 inches of the floor or higher than 80 inches, or protruding less than 4 inches from the wall)? _____ protrusion	YES	NO
 <b><u>Emergency Egress (ADAAG 4.28)</u></b>		
If emergency systems are provided, do they have both flashing lights and audible signals?	YES	NO
 <b><u>Signage for Goods and Services (ADAAG 4.30)</u></b> Different requirements apply to different types of signs.		
If provided, do signs and room numbers designating permanent rooms and spaces where goods and services are provided comply with the appropriate requirements for such signage?	YES	NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
<ul style="list-style-type: none"> <li>Signs mounted with centerline 60 inches from floor.                      _____ height</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>Mounted on wall adjacent to latch side of door, or as close as possible.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>Raised characters, sized between 5/8 and 2 inches high, with high contrast (for room numbers, rest rooms, exits).                      _____ character height</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>Brailled text of the same information.</li> </ul>	YES	NO
<ul style="list-style-type: none"> <li>If pictogram is used, it must be accompanied by raised characters and Braille.</li> </ul>	YES	NO

**Directional and informational Signage**

The following questions apply to directional and informational signs that fall under Priority 2.

<p>If mounted above 80 inches, do they have letters at least 3 inches high, with high contrast, and non-glare finish?                      _____ letter height</p>	YES	NO
<p>Do directional and informational signs comply with legibility requirements? (Building directories or temporary signs need not comply).</p>	YES	NO

**Controls (ADAAG 4.27)**

<p>Are all controls that are available for use by the public (including electrical, mechanical, cabinet, game, and self-service controls) located at an accessible height?                      _____ height</p>	YES	NO
--	-----	----

**Reach ranges:** The maximum height for a side reach is 54 inches; for a forward reach, 48 inches. The minimum reachable height is 15 inches for a front approach and 9 inches for a side approach.

<p>Are they operable with a closed fist?</p>	YES	NO
--	-----	----

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
<b><u>Seats, Tables, and Counters (ADAAG 4.2, 4.32, 7.2)</u></b>		
Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide?  _____width	YES	NO
Are the spaces for wheelchair seating distributed throughout?	YES	NO
Are the tops of tables or counters between 28 and 34 inches high?  _____height	YES	NO
Are knee spaces at accessible tables at least 27 inches high, 30 inches wide, and 19 inches deep?  _____height/width/depth	YES	NO
At each type of cashier counter, is there a portion of the main counter that is no more than 36 inches high?  _____height	YES	NO
Is there a portion of food-ordering counters that is no more than 36 inches high, or is there space at the side for passing items to customers who have difficulty reaching over a high counter?  _____height	YES	NO
<b><u>Vertical Circulation (ADAAG 4.1.3(5), 4.3)</u></b>		
Are there ramps, lifts, or elevators to all public levels?	YES	NO
On each level, if there are stairs between the entrance and/or elevator and essential public areas, is there an accessible alternate route?	YES	NO
<b><u>Stairs (ADAAG 4.9)</u></b>		
The following questions apply to stairs connecting levels <b><u>not serviced by an elevator, ramp, or lift.</u></b>		
Do treads have a non-slip surface?	N/A	YES NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
Do stairs have continuous rails on both sides, with extensions beyond the top and bottom stairs? <span style="float: right;">N/A</span>	YES	NO
 <b><u>Elevators (ADAAG 4.10)</u></b> <span style="float: right;">N/A</span>		
Are there both visible and verbal or audible door opening/closing and floor indicators (one tone = up, two tones = down)?	YES	NO
Are the call buttons in the hallway no higher than 42 inches? _____ height	YES	NO
Do the controls inside the cab have raised and Braille lettering?	YES	NO
Is there a sign on both door jams at every floor identifying the floor in raised and Braille letters?	YES	NO
If an emergency intercom is provided, is it usable without voice communication?	YES	NO
Is the emergency intercom identified by Braille and raised letters?	YES	NO
 <b><u>Lifts (ADAAG 4.2, 4.11)</u></b> <span style="float: right;">N/A</span>		
Can the lift be used without assistance? If not, is a call button provided?	YES	NO
Is there at least 30 by 48 inches of clear space for a person in a wheelchair to approach to reach the controls and use the lift? _____ length x width	YES	NO
Are controls between 15 and 48 inches high (up to 54 inches if a side approach is possible)? _____ height	YES	NO

**PRIORITY 3**

**Usability of Rest Rooms**

When rest rooms are open to the public, they should be accessible to people with disabilities.

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
<b><u>Getting to the Rest Rooms (ADAAG 4.1)</u></b>		
If rest rooms are available to the public, is at least one rest room (either one for each sex, or unisex) fully accessible?	YES	NO
Are there signs at inaccessible rest rooms that give directions to accessible ones?	YES	NO
<b><u>Doorways and Passages (ADAAG 4.2, 4.13, 4.30)</u></b>		
Is there tactile signage identifying rest rooms?	YES	NO
<b>NOTE: Mount signs on the wall, on the latch side of the door, complying with the requirements for permanent signage.</b>		
Are pictograms or symbols used to identify rest rooms, and, if used, are raised characters and Braille included below them?	YES	NO
Is the doorway at least 32 inches clear? _____ clear width	YES	NO
Are doors equipped with accessible handles (operable with a closed fist), 48 inches high or less? _____ height	YES	NO
Can doors be opened easily (5 lbf maximum force)? _____ force	YES	NO
Does the entry configuration provide adequate maneuvering space for a person using a wheelchair? _____ clear space	YES	NO
<b>NOTE: A person in a wheelchair needs 36 inches of clear width for forward movement, and a 5-foot diameter or T-shaped clear space to make turns. A minimum distance of 48 inches clear of the door swing is needed between the two doors of an entry vestibule.</b>		
Is there a 36-inch-wide path to all fixtures? _____ width	YES	NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
<b><u>Stalls (ADAAG 4.17)</u></b>		
Is the stall door operable with a closed fist, inside and out?	YES	NO
Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 or 48 by 69 inches)?	YES	NO
_____ length x width		
In the accessible stall, are there grab bars behind and on the sidewall nearest to the toilet?	YES	NO
Is the toilet seat 17 to 19 inches high?	YES	NO
_____ height		
<b><u>Lavatories (ADAAG 4.19, 4.24)</u></b>		
Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front?	YES	NO
_____ clear space		
<b>NOTE: A maximum of 19 inches of the required depth may be under the lavatory.</b>		
Is the lavatory rim no higher than 34 inches?	YES	NO
Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)?	YES	NO
_____ height		
Can the faucet be operated with one closed fist?	YES	NO
Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist?	YES	NO
_____ height		

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
Is the mirror mounted with the bottom edge of the reflecting surface 49 inches high or lower?  _____ height	YES	NO

**PRIORITY 4**

**Additional Access**

*Note that this priority is for items not required for basic access in the first three priorities.*

When amenities such as drinking fountains and public telephones are provided, they should also be accessible to people with disabilities.

**Drinking Fountains (ADAAG 4.15)**

Is there at least one fountain with clear floor space of at least 30 by 48 inches in front?  _____ clear space	YES	NO
Is there one fountain with its spout no higher than 36 inches from the ground, and another with a standard height spout (or a single "hi-lo" fountain)?  _____ height	YES	NO
Are controls mounted on the front or on the side near the front edge, and operable with on closed fist?	YES	NO
Is each water fountain cane-detectable (located within 27 inches of the floor or protruding into the circulation space less than 4 inches from the wall)?  _____ height/protrusion	YES	NO

**Telephones (ADAAG 4.31)**

If pay or public use phones are provided, is there clear floor space of at least 30 by 48 inches in front of at least one?  _____ clear space	YES	NO
Is the highest operable part of the phone no higher than 48 inches (up to 54 inches if a side approach is possible)?  _____ height	YES	NO

**Appendix C, continued**

**Checklist of Existing Facilities (Continued)**

<u>Questions</u>	<u>Comments</u>	
	(Comments should be included to explain/clarify any answers, if needed)	
Does the phone protrude on more than 4 inches into the circulation space?  _____protrusion	YES	NO
Does the phone have push-button controls?	YES	NO
Is the phone hearing-aid compatible?	YES	NO
Is the phone adapted with volume control?	YES	NO
Is the phone with volume control identified with appropriate signage?	YES	NO
If there are four or more public phones in the building, is one of the phones equipped with a text telephone (TTY or TDD)?	YES	NO
Is the location of the text telephone identified by accessible signage bearing the International TDD Symbol?	YES	NO

The ADA Accessibility Guidelines are available online at:  
[http://www.trace.wisc.edu/docs/compliance\\_with\\_the\\_ada\\_for\\_itm/comply\\_comp1.html](http://www.trace.wisc.edu/docs/compliance_with_the_ada_for_itm/comply_comp1.html)

See also:  
 The *Florida Americans with Disabilities Accessibility Implementation Act*, as amended. (F.S. 553.501-553.513; F.S. 316.1955)